



STATE OF MISSOURI
UNION GRIEVANCE FORM
DEPARTMENT OF CORRECTIONS
PROBATION AND PAROLE/ SERVICE EMPLOYEES INTERNATIONAL UNION

EMPLOYEE INFORMATION

1. NAME (LAST, FIRST, MIDDLE)		2. SOCIAL SECURITY NUMBER - -
3. JOB CLASSIFICATION	4. REGION	
5. DISTRICT/FACILITY		

INCIDENT INFORMATION

6. ATTACH A WRITTEN DESCRIPTION OF THE INCIDENT WHICH MUST INCLUDE THE FOLLOWING: <ul style="list-style-type: none">▪ A detailed description of the incident▪ Date(s) the incident occurred▪ Location of the incident▪ All other supporting documentation▪ Name, title and work location of any witnesses (any witnesses that the grievant wishes to use <u>must</u> be listed as part this incident description)	
7. LIST THE ARTICLE(S) AND SECTION(S) FROM THE CURRENT RESOLUTION THAT YOU BELIEVE WERE VIOLATED	
8. PROPOSED SOLUTION (ATTACH ADDITIONAL SHEETS IF NECESSARY)	
9. DATE OF INCIDENT / /	
10. DATE OF DISCUSSION WITH IMMEDIATE SUPERVISOR / /	SUPERVISORS SIGNATURE X
I understand that by filing a grievance under Article 17 of the labor agreement between the Probation and Parole Division and SEIU regarding a dismissal, suspension of more than five(5) days, or involuntary demotion, I have waived my right to file an appeal with the Personnel Advisory Board under the State's Merit rules for the same incident.	
11. EMPLOYEE SIGNATURE X	DATE / /



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STEP ONE (DISTRICT ADMINISTRATOR)

12. STEP ONE RESPONSE (ATTACH ADDITIONAL SHEETS IF NECESSARY)

13. DATE OF STEP ONE MEETING (within 10 working days of file date – Item No. 11)

/ /

14. DATE OF STEP ONE RESPONSE (within 10 working days of Step One meeting– Item No. 13)

/ /

15. SIGNATURE AND PRINTED NAME OF DISTRICT ADMINISTRATOR

X

16. IS THE STEP ONE RESPONSE SATISFACTORY?

☐ **YES**

☐ **NO – I Want to advance to Step Two**

17. SIGNATURE OF GRIEVANT

X

18. DATE ADVANCED (within 10 working days of Step One response – Item No. 14)

/ /

19. SIGNATURE AND PRINTED NAME OF UNION REPRESENTATIVE

X

20. IF YOU BELIEVE THE STEP ONE RESPONSE WAS UNSATISFACTORY, PLEASE STATE THE REASON (ATTACH ADDITIONAL SHEETS IF NECESSARY)



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STEP TWO (REGIONAL ADMINISTRATOR)

21. STEP TWO RESPONSE (ATTACH ADDITIONAL SHEETS IF NECESSARY)

22. DATE OF STEP TWO MEETING (within 10 working days of receipt – Item No. 18)

/ /

23. DATE OF STEP TWO RESPONSE (within 10 working days of Step Two meeting– Item No. 22)

/ /

24. SIGNATURE AND PRINTED NAME OF REGIONAL ADMINISTRATOR

X

25. IS THE STEP TWO RESPONSE SATISFACTORY?

☐ **YES**

☐ **NO – I Want to advance to Step Three**

26. SIGNATURE OF GRIEVANT

X

27. DATE ADVANCED (within 10 working days of Step Two response – Item No. 23)

/ /

28. SIGNATURE AND PRINTED NAME OF UNION REPRESENTATIVE

X

29. IF YOU BELIEVE THE STEP TWO RESPONSE WAS UNSATISFACTORY, PLEASE STATE THE REASON (ATTACH ADDITIONAL SHEETS IF NECESSARY)



30. PANEL MEMBERS		31. PANEL MEETING DATE (within 10 working days of request – Item No. 27)		/ /	
Name	Facility/Work Location	Representing (Employer / Union)	Vote (Yes / No)	Initials	
32. STEP THREE RECOMMENDATION TO DIVISION DIRECTOR					
ATTACH RECOMMENDATION AND SUPPORTING INFORMATION					
33. RECOMMENDATION SUBMITTED (Immediately following panel meeting– Item No. 31)		34. DATE OF STEP THREE RESPONSE (within 5 working days of recommendation– Item No. 33)			
/ /		/ /			
35. SIGNATURE AND PRINTED NAME OF DIVISION DIRECTOR					
X					
36. IS THE STEP THREE RESPONSE SATISFACTORY?					
<input type="checkbox"/> YES <input type="checkbox"/> NO – I Want to advance to Step Four					
37. SIGNATURE OF GRIEVANT		38. DATE ADVANCED (within 10 working days of Step Three response – Item No. 34)			
X		/ /			
39. SIGNATURE AND PRINTED NAME OF UNION REPRESENTATIVE					
X					
40. IF YOU BELIEVE THE STEP THREE RESPONSE WAS UNSATISFACTORY, PLEASE STATE THE REASON (ATTACH ADDITIONAL SHEETS IF NECESSARY)					



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STEP FOUR (STATE PANEL)

41. PANEL MEMBERS		42. PANEL MEETING DATE (within 10 working days of request – Item No. 38)		/ /	
Name	Facility/Work Location	Representing (Employer / Union)	Vote (Yes / No)	Initials	
43. STEP FOUR RECOMMENDATION TO DEPARTMENT DIRECTOR					
ATTACH RECOMMENDATION AND SUPPORTING INFORMATION					
44. RECOMMENDATION SUBMITTED (Immediately following panel meeting– Item No. 42) / /			45. DATE OF STEP FOUR RESPONSE (within 10 working days of recommendation– Item No. 44) / /		
46. SIGNATURE AND PRINTED NAME OF DEPARTMENT DIRECTOR X					
47. IS THE STEP FOUR RESPONSE SATISFACTORY? <input type="checkbox"/> YES <input type="checkbox"/> NO					
48. SIGNATURE OF GRIEVANT X			49. DATE ADVANCED (within 30 working days of Step Four response – Item No. 45) / /		
50. SIGNATURE AND PRINTED NAME OF UNION REPRESENTATIVE X					
51. IF YOU BELIEVE THE STEP FOUR RESPONSE WAS UNSATISFACTORY, PLEASE STATE THE REASON (ATTACH ADDITIONAL SHEETS IF NECESSARY)					

STEP FIVE (MEDIATION)

52. MEDIATION CONCLUSION DATE	/ /	ATTACH MEDIATION RECOMMENDATION
53. HAS YOUR GRIEVANCE BEEN RESOLVED BY MEDIATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		

STEP SIX (ARBITRATION)

54. SIGNATURE OF UNION REPRESENTATIVE X	55. DATE REQUESTED (within 30 working days of mediation conclusion– Item No. 52) / /
56. ARBITRATION CONCLUSION DATE	/ / ATTACH ARBITRATOR'S DECISION